

**Alaska Department of Revenue
Permanent Fund Dividend Division
2023 Child Certification Form**

Child's Printed Name		Sponsor's Daytime Telephone Number
Child's Social Security Number	Date of Birth	Sponsor's Message Telephone Number

Be sure to **complete this page**. If you fail to complete this page the department will not be able to finish processing the child's application.

Read the following statements carefully and sign below. **Do not change anything**. If you do, we may deny the child's application.

NOTE: "Date of application" means the date on which an application for a dividend is timely filed or delivered per 15 AAC 23.993 (b) (1) & (2).

I certify that on the date of application, the minor named on this application:

- Was and intended to remain an Alaska resident indefinitely.
- Was born to or adopted by an Alaska resident after December 31, 2021, **OR**
 - Was an Alaska resident for all of 2022, **AND**
 - Was physically present in the state of Alaska for at least 72 consecutive hours in 2021 or 2022.

I understand that if what I say is not true, it is a criminal offense and if I am convicted, in addition to any criminal penalties:

- I will lose this and all future dividends.
- I will be required to pay back all dividends I have been paid or have claimed on behalf of this child.

I understand that if I deliberately misrepresent or recklessly disregard a fact, I am liable for civil penalties:

- I could lose this dividend and the next five dividends.
- I may have to pay a fine of up to \$3,000.

Release of Information: I authorize the release of confidential records to the Alaska Department of Revenue necessary to verify this child's eligibility for the Permanent Fund Dividend, including but not limited to confidential records from financial, private, and education institutions; state, federal or other public agencies, including but not limited to, Internal Revenue Service, Social Security Administration, the Alaska Department of Health (DOH), Division of Public Assistance and the Alaska Department of Family and Community Services (DFCS), Alaska Office of Children's Services; any other state or country, including but not limited to state and local taxes, employment, education, or public assistance benefits. I understand that this information may be used in administrative and/or criminal proceedings. I agree that a copy of this authorization is as valid as the original.

I certify that the information I supplied on and with the application for the child named above was true and correct.

Sponsor's Signature		Date	
Sponsor's Full Name	Social Security Number	Date of Birth	